



Quality is Our Bottom Line

Insurance Committee Public Hearing

Tuesday, March 3, 2015

Connecticut Association of Health Plans

Testimony Submitted in Opposition to

FTR

SB 418 AAC OFF-LABEL PRESCRIBING OF PRESCRIPTION DRUGS

The Connecticut Association of Health Plans respectfully urges the Committee's opposition to SB 418 AAC Off-Label Prescribing of Prescription Drugs which would vastly expand the current mandate for coverage of off-label drugs from treatment for "certain types of cancer or disabling or life-threatening diseases" to "any covered condition." SB 418 would result in substantial premium increases with questionable results.

While recognizing some benefits of off-label prescribing, WebMD.com also makes reference to the debate within the medical community itself on the practice quoting an article from the 2009 issue of *The Journal of Law, Medicine & Ethics* by medical ethics professor Rebecca Dresser and Joel Frader, MD stating "Off-Label prescribing can expose patients to risky and ineffective treatments" citing the example of Fen-Phen which was used off-label to treat obesity with devastating consequences to patients who were left with potentially deadly heart valve damage that triggered a multi-billion dollar lawsuit. The cite goes onto say that, "Although some off-label therapies can be beneficial and even lifesaving for some patients, in most cases, there is little or no scientific evidence to prove they work. In a recent commentary in the *Archives of Internal Medicine*, three scientists from the National Institutes of Health Clinical Center's department of Bioethics say that "'Off-label use has been identified as one aspect of problematic drug prescribing,'" in part because of inadequate data regarding drug safety and effectiveness for the off-label use."

We would respectfully submit that with such a divergence of opinion within the medical community itself, that passage of SB 418 is ill-advised at best and detrimental at worst and we would urge your rejection

Please keep in mind also that passage of SB 418 would *only* apply to the approximately 35% of Connecticut residents that are covered by fully insured health plans - typically your small employers who are the most price sensitive. The bill would *not* apply to 65% of Connecticut residents who are self-insured and thereby subject to federal ERISA requirements rather than state law. Passage of SB 418 would likewise undermine efforts of the Health Insurance Exchange to keep premiums affordable.

In addition, it needs to be determined whether SB 418 would fall under the ACA mandate provisions thereby adding to the state's future financial obligations. In the context of other mandates considered, the Department of Insurance has clearly stated that:

In simple terms, all mandated coverage beyond the required essential benefits (as will be determined by HHS) will be at the State's expense. Those costs may not be delegated to the individual purchaser of insurance or the insurer.

The Association of Health Plans strongly urges rejection of SB 418.